

THE COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENERGY AND ENVIRONMENTAL AFFAIRS



Department of Agricultural Resources

251 Causeway Street, Suite 500, Boston, MA 02114
617-626-1700 fax: 617-626-1850 www.mass.gov/agr



DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

IAN A. BOWLES
Secretary

SCOTT J. SOARES
Commissioner

150 Faces of Massachusetts Agriculture Project *Information and Release Form*

Photograph Subject Information

Name:

Farm, Business or Organization:

Title:

Address:

City:

State:

Zip:

Phone:

E-mail:

Affiliation with MDAR. Please tell us about programs you participate in or other connections you may have with the department:

Relevant biographical information. Please tell us a little bit about yourself: your occupation, interests, your business, interests, education, organizations, awards, family, etc.:

Please read, complete and sign the release statements and mail, fax, or scan this form to the address below. Digital photos may be sent via email to Anna.Waclawiczek@state.ma.us.

Anna Waclawiczek
Massachusetts Dept. of Agricultural Resources
251 Causeway st., Suite 500
Boston, MA 02114

For more information, call 617-626-1703
Fax: 617-626-1850 or e-mail Anna.Waclawiczek@state.ma.us.
150 Faces of Agriculture - www.mass.gov/agr/150/Gallery

Release Statements

If you are the subject of the photograph(s), please read, date and sign below:

Standard Release Form:

Now, on this _____ day of _____, 2010, I, the undersigned, grant the Massachusetts Department of Agricultural Resources or its authorized agents the irrevocable right to use photographs of me and/or my property for informational, publicity, or promotional purposes without prior notification. I understand that these photographs may appear in printed materials published by the Department, on the Department's web site, in Department presentations or exhibits, in newspapers or magazines, or on television. I agree to hold the Department harmless from all claims related to the Department's or its agents' use of these photographs for these purposes. I also agree that the Department is under no obligation to me or any other party to use these photographs. By my signature below, I represent that I have read and fully understand this Standard Release Form, and that either (A) I am at least eighteen years of age, or (B) my legal guardian has signed on my behalf below.

Signature

Print Name

Parent or Guardian's Consent (If applicable):

I the undersigned, now certify on this _____ day of _____, 2010, that I am the parent and/or legal guardian of the minor named above and I have the legal authority to execute the above Standard Release Form. I approve the foregoing and waive any rights in the photograph(s) submitted with this form.

Signature

Print Name

If you took the photograph(s), please read, date and sign below.

Statement of Ownership and Responsibilities:

I, the undersigned, now certify on this _____ day of _____, 2010 that each photograph described above is my own creation and that I have full and total rights to this material. I have included signed Standard Release Forms from all persons and property pictured in each photograph. I accept all liability from each photograph, and I grant the Massachusetts Department of Agricultural Resources the irrevocable right to offer and display each photograph for informational, publicity, or promotional purposes without prior notification and without compensation. I also agree that the Department is under no obligation, to me or any other party, to use these photographs. By my signature below, I represent that I have read and fully understand this Statement, and that either (A) I am at least eighteen years of age, or (B) my parent and/or legal guardian has signed their consent to this Statement on my behalf below.

Signature

Print Name

Parent or Guardian's Consent (If applicable):

I, the undersigned, now certify on this _____ day of _____, 2010 that I am the parent and/or legal guardian of the minor named above and that I have the legal authority to execute the above Statement of Ownership and Responsibilities. I approve the foregoing and waive any rights in the photograph(s) submitted with this form.

Signature

Print Name